

County: Milwaukee
 SOUTHPOINTE HEALTHCARE CENTER
 4500 WEST LOOMIS ROAD
 GREENFIELD 53220

Phone: (414) 325-5300
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 174
 Total Licensed Bed Capacity (12/31/01): 174
 Number of Residents on 12/31/01: 161

Facility ID: 3420

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Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 167

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.3
Supp. Home Care-Personal Care	No					1 - 4 Years		44.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years		18.6
Day Services	No	Mental Illness (Org./Psy)	20.5	65 - 74	8.1			-----
Respite Care	Yes	Mental Illness (Other)	4.3	75 - 84	45.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	6.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	6.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	12.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	21.1	65 & Over	98.8	-----		
Transportation	No	Cerebrovascular	19.9		-----	RNs		11.0
Referral Service	No	Diabetes	1.2	Sex	%	LPNs		8.6
Other Services	Yes	Respiratory	7.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.6	Male	18.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	82.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	2	2.0	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Skilled Care	26	100.0	313	84	85.7	111	0	0.0	0	32	100.0	191	0	0.0	0	5	100.0	253	147	91.3
Intermediate	---	---	---	12	12.2	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	7.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		98	100.0		0	0.0		32	100.0		0	0.0		5	100.0		161	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	8.7	54.7	36.6	161
Other Nursing Homes	0.5	Dressing	14.3	50.9	34.8	161
Acute Care Hospitals	94.8	Transferring	19.3	60.9	19.9	161
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	23.0	53.4	23.6	161
Rehabilitation Hospitals	0.1	Eating	49.7	26.7	23.6	161
Other Locations	0.1	*****				
Total Number of Admissions	776	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.2	Receiving Respiratory Care	5.0	
Private Home/No Home Health	35.9	Occ/Freq. Incontinent of Bladder	31.7	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	25.4	Occ/Freq. Incontinent of Bowel	31.7	Receiving Suctioning	0.0	
Other Nursing Homes	3.1			Receiving Ostomy Care	1.2	
Acute Care Hospitals	22.3	Mobility		Receiving Tube Feeding	2.5	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.6	Receiving Mechanically Altered Diets	10.6	
Rehabilitation Hospitals	0.3					
Other Locations	4.4	Skin Care		Other Resident Characteristics		
Deaths	8.6	With Pressure Sores	6.2	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	779			Receiving Psychoactive Drugs	54.0	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	77.1	1.24	85.7	1.12	82.7	1.16	84.6	1.13
Current Residents from In-County	90.7	82.7	1.10	86.1	1.05	85.3	1.06	77.0	1.18
Admissions from In-County, Still Residing	7.2	19.1	0.38	17.5	0.41	21.2	0.34	20.8	0.35
Admissions/Average Daily Census	464.7	173.2	2.68	212.2	2.19	148.4	3.13	128.9	3.60
Discharges/Average Daily Census	466.5	173.8	2.68	210.1	2.22	150.4	3.10	130.0	3.59
Discharges To Private Residence/Average Daily Census	286.2	71.5	4.01	87.3	3.28	58.0	4.94	52.8	5.43
Residents Receiving Skilled Care	92.5	92.8	1.00	93.8	0.99	91.7	1.01	85.3	1.09
Residents Aged 65 and Older	98.8	86.6	1.14	94.0	1.05	91.6	1.08	87.5	1.13
Title 19 (Medicaid) Funded Residents	60.9	71.1	0.86	60.5	1.01	64.4	0.95	68.7	0.89
Private Pay Funded Residents	19.9	13.9	1.43	26.1	0.76	23.8	0.84	22.0	0.90
Developmentally Disabled Residents	0.0	1.3	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	24.8	32.5	0.76	27.3	0.91	32.2	0.77	33.8	0.74
General Medical Service Residents	5.6	20.2	0.28	27.4	0.20	23.2	0.24	19.4	0.29
Impaired ADL (Mean)	52.4	52.6	1.00	51.2	1.02	51.3	1.02	49.3	1.06
Psychological Problems	54.0	48.8	1.11	52.4	1.03	50.5	1.07	51.9	1.04
Nursing Care Required (Mean)	3.2	7.3	0.43	6.7	0.48	7.2	0.44	7.3	0.43